

TERMINAL SERVER ACCESS REQUEST

For use of this form, see memo, HQ USAARMC, ATZK-IMR-PN, 7 Nov 97, subject: Fort Knox Terminal Server

INSTRUCTIONS: The activity Information Management Officer (IMO)/System Administrator must complete this form.

TO Dir, DOIM ATTN: ATZK-IMA-A Fort Knox, KY 40121-5000	FROM	DATE	
NAME (Last, First, MI)	SSN (Last 4 digits ONLY)	GRADE/RANK	TITLE
PHONE NO. (DSN and Commercial)	ORGANIZATION		OFFICE SYMBOL
E-MAIL ADDRESS	BLDG NO.	ROOM NO.	

JUSTIFICATION/REASON FOR ACCESS

I certify that the above data is true and correct. Also, I acknowledge and agree that:

- U.S. Government resources will only be used for the performance of official duties.
- Data, software, and hardware will be protected to the best of my abilities.
- Proprietary and copyrighted material will be protected and accounted for.
- Security incidents will be reported to the Information Assurance Security Officer (IASO) immediately.
- Users will only use their individually assigned login ID, protect passwords and telephone access numbers as FOUO, access only the resources as authorized, and abide by applicable security regulations and guidelines (AR 380-19, AR 25-1, and Joint Ethics Regulation).

APPLICANT: I have read the above and will comply to the best of my ability.

NAME (Print)	SIGNATURE
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APPLICANT'S SUPERVISOR: To conduct daily business, applicant has an official need for TSACS logon and password.

NAME (Print)	SIGNATURE
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SECURITY MANAGER: Applicant has the appropriate level of security clearance.

INVESTIGATION TYPE	INVESTIGATION DATE
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NAME (Print)	SIGNATURE
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INFORMATION MANAGEMENT OFFICER

NAME (Print)	SIGNATURE
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INFORMATION ASSURANCE SECURITY OFFICER

NAME (Print)	SIGNATURE
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FOR DOIM USE ONLY

REQUEST	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
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USER ID	PASSWORD
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DATE STARTED	ACCESS NUMBER
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